First Name and middle initial of creditor/equity security holder	Last Name	Street Address	City	State	Zip Code	Reserved	Form of agreement/instrument empowering entity to act on behalf of creditors or equity security holders	Amount of claim of creditor if liquidated (claim is presumed to be unliquidated if blank)	Date of acquisition of creditor's claim if acquired within 1 year prior to date of filing of bankruptcy 4/2/01	For personal injury claimants, type of disease and for all other claimants, the nature of the claim or interest	Pertinent facts & circumstances regarding employment of counsel or indenture trustee, and, in the case of a committee, the name or names of the entity at whose instance directly or indirectly the employment was arranged or the committee was organized or agreed to act (reference additional exhibits if necessary)
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